## DEPARTMENT OF FINANCE AND ADMINISTRATION OFFICE OF PERSONNEL MANAGEMENT

	FAIR L	ABOR STANDARDS	COMPENSATOR	RY TIME RECO	RD		
AGENCY/INSTITUTION:				WORK PL	WORK PLACE:		
PERIOD COVERED FROM:				то:			
EMPLOYEE NAME:							
					MP TIME MAXIMUM:		
		ICE FROM PREVIO					
		ONE HALF COMP					
		FLSA	TOTAL	TIME	TIME	NEW	
DATE	EAKNED	MULTIPLIER 1.5	TIME	TAKEN	PAID	BALANCE	
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<b> </b>	_	1.5					
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		RECORD OF CO	MPENSATORY 1	TIME PAID			
DATE PAID		HOURLY RATE TIMES	HOURS MINUTES	EQUAL AMT PAID	CHECK NUMBER	TIMEKEEPER INITIALS	
				<u> </u>			
<u> </u>		RE	CORD CLOSE (	OUT	<del> </del>		
(TOT. -NEW -NEW	AL HOURS BAL BAL	EARNED) (HOUBALA	_ X 1.5 = RS TAKEN)	- + (HO	(BEGINNING B URS PAID) _ NEW RECORD (	ALANCE) YES) (NO)	